24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
ESAFund		C C00489856
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New report Amends report f	
Full Name of Payee Advantage Direct		Date of Public Distribution/Dissemination
		08 28 2016
Mailing Address 2300 Clarendon Blvd. Suite 303		Amount
City State	e Zip Code	7159.07
Alexandria VA	·	Transaction ID : SE.6869 Date of Disbursement or Obligation
Purpose of Expenditure telephone calls	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	X Support O	ffice Sought: House District: 02
Neal Patrick Dunn MD FACS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) General
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	e Zip Code	
State	e Zip Gode	
Purpose of Expenditure	Outs want	Date of Disbursement or Obligation
	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	ffice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	D	isbursement For: Primary General
	7	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		7159.07
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	7159.07
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Nancy H. Watkins	[Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	08 29 2016